

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15985**

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. _____

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon, Rural, Hudson Twp</u> | | c. LENGTH OF STAY (In this place) <u>7 weeks</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Goldsberry</u> | | 0610 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lake View Rest Home</u> | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ann</u> b. (Middle) _____ c. (Last) <u>Lile</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1955</u> |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Feb. 13, 1877</u> |
| 9. AGE (In years last birthday) <u>78</u> | | 10. MONTHS <u>2</u> | 11. DAYS <u>17</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Goldsberry, Mi.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Elisha Lile</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Emerine Turner</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Ward, Ethel, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Lobar Pneumonia</u> DUE TO (c) <u>Hypertension</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> | | 10 days Several yrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>490 X</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>3/18/55</u> , 19 <u>55</u> , to <u>4/29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/29</u> , 19 <u>55</u> , and that death occurred at <u>12:10 pm.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>C. L. Murren, D.O.</u> | | 23b. ADDRESS <u>Macon</u> | |
| 23c. DATE SIGNED <u>5-5-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 2, 1955</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Helton Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Goldsberry, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5/14/55</u> | | REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u> | | ADDRESS <u>Bucklin, Mo.</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 5-24-55
MACON COUNTY HEALTH DEPARTMENT
County File No. 5-55-75
Date Filed 5-26-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.